

UNITED STATES DEPARTMENT OF COMMERCE Patent and Trademark Office Address: COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DO | ATTORNEY DOCKET NO./TITLE | |
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| 09/399,687 | 09/21/99 TRAN | | .jr | NC13800 ` | |
| ROBERT H KEL HOLLAND & HA | LY | 0242/1014 | NOT ASS | IGNED | |
| 555 17TH STR P 0 BOX 8749 DENVER CO 80 | EET SUITE 3200) | DATE MAILE | 2731 :D: | 10/14/99 | |

NOTICE TO FILE MISSING PARTS OF APPLICATION Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of

| for a so | mall entity in compliance with 37 CFD 1.27, C | dicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of □ \$65.00 r ⇒ \$130.00 for a non-small entity, must also be timely submitted in reply |
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| | NOTICE to avoid abandonment. | he period set above, the total amount owed by applicant as a |
| 🗌 smal | all entity (statement filed) 😾 non-small end | ty is \$/30, 00. |
| 1. 1. 1 [| The statutory basic filing fee is: missing. insufficient. Applicant must submit \$ | to complete the basic filing fee and/or file a small entity statement |
| ☐ 2. ° | The following additional claims fees are due: \$tota | I claims over 20. |
| | \$tortota | |
| | \$for multiple dependent cl Applicant must either submit the additional d | |
| ☐ 4. | the above Application Number and Filing Da The signature(s) to the oath or declaration is | te is required. /are by a person other than inventor or person qualified under 37 CFR 1.42, pliance with 37 CFR 1.63, identifying the application by the above red. |
| | | CFR 1.63 listing the names of all inventors and signed by the omitted above Application Number and Filing Date, is required. |
| _ _ | A \$50.00 processing fee is required since. Your filing receipt was mailed in error because. The application was filed in a language other. | your check was returned without payment (37 31 11 12 (11)). se your check was returned without payment. |
| : |). OTHER: | |
| Direct | ct the reply and any questions about this notice | |
| | A copy of this no | tice <u>MUST</u> be returned with the reply. |
| Custo | stomer Service Center al Patent Examination Division (703) 308-1202 | - |
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FORM **PTO-1533** (REV. 9/98)

U.S. GPO: 1998-446-824